

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA
2001/02
FORM

460

Page 1 of 35

For Official Use Only

Statement covers period

from 07/01/2017

through 08/19/2017

Date of election if applicable:
(Month, Day, Year)

10/03/2017

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☒ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☒ Amendment (Explain below)

Update Summary Page & Sch. E

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
741906

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
San Diego County Democratic Party

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>San Diego</u>	<u>CA</u>	<u>92111</u>	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	

OPTIONAL: FAX/E-MAIL ADDRESS

SDCDPState@deaneandcompany.com

Treasurer(s)

NAME OF TREASURER
Shawnda Deane

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	<u>(916) 285-5733</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/21/2017 By Shawnda Deane
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 35

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2017 through 08/19/2017	CALIFORNIA FORM 460 Page 3 of 35 I.D. NUMBER 741906
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Diego County Democratic Party

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$144,105.00	\$316,740.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$144,105.00	\$316,740.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$6,254.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$144,105.00	\$322,994.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$39,759.23	\$244,723.50
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$39,759.23	\$244,723.50
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$6,254.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$39,759.23	\$250,977.50

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$89,208.97	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$144,105.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00	
15. Cash Payments	Column A, Line 8 above	\$39,759.23	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$193,554.74	
If this is a termination statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$0.00	

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$0.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 08/19/2017		Page 4 of 35
NAME OF FILER San Diego County Democratic Party		I.D. Number 741906

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/25/2017	2020 Long Beach, LLC Long Beach, CA 90813	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$25,000.00	
7/25/2017	2020 Long Beach, LLC Long Beach, CA 90813	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$20,000.00	\$25,000.00	
7/25/2017	Bryan Pease for City Council 2018 Sacramento, CA 95841 Committee ID: 1395389	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$600.00	
	INTERMEDIARY ActBlue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Dr. Weber for Assembly 2018 San Marcos, CA 92079 Committee ID: 1393376	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$3,500.00	

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$143,850.00
2. Amount received this period - unitemized contributions of less than \$100	\$255.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$144,105.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	08/19/2017	Page 5 of 35
NAME OF FILER San Diego County Democratic Party		I.D. Number 741906

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/11/2017	Hueso for Senate 2018 Encinitas, CA 92024 Committee ID: 1373761	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$5,250.00	
7/21/2017	Matt Strabone for Assessor/Recorder/County Clerk San Diego, CA 92116 Committee ID: 1395754	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$300.00	\$325.00	
	INTERMEDIARY ActBlue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/2/2017	NextGen California Committee Sacramento, CA 95814 Committee ID: 1385903	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$114,000.00	\$117,000.00	
8/16/2017	Re-Elect Senator Atkins 2020 Encinitas, CA 92024 Committee ID: 1393189	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$3,500.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>08/19/2017</u>		
		Page <u>6</u> of <u>35</u>
NAME OF FILER San Diego County Democratic Party		I.D. Number 741906

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/8/2017	Todd Gloria For Assembly 2018 Encinitas, CA 92024 Committee ID: 1392977	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	
8/11/2017	United Domestic Workers of America Action Fund Small Contributor Committee Sacramento, CA 95814 Committee ID: 1302384	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$4,000.00	
7/10/2017	Todd Warren Oceanside, CA 92057	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	S&D Sales, Inc. Sales Representative	\$100.00	\$100.00	
	INTERMEDIARY ActBlue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL				\$143,850.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 07/01/2017
through 08/19/2017

CALIFORNIA
FORM **460**

Page 7 of 35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Diego County Democratic Party

I.D. NUMBER

741906

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____

Enter the net here and on the Summary Page, Column A, Line 2.

(may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2
Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 07/01/2017 through 08/19/2017	CALIFORNIA FORM 460
	Page 8 of 35
I.D. Number 741906	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Diego County Democratic Party

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	

SUBTOTAL	Enter on Summary Page, Line 17 only.
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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2017</u> through <u>08/19/2017</u>	CALIFORNIA FORM 460
Page <u>9</u> of <u>35</u>	I.D. Number 741906

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Diego County Democratic Party

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
 IND - Individual
 COM- Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		SCHEDULE D	
from	07/01/2017	CALIFORNIA FORM 460	
through	08/19/2017	Page 10 of 35	
		I.D. NUMBER 741906	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Diego County Democratic Party

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)
- Unitemized contributions and independent expenditures made this period of under \$100
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL**

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 07/01/2017 through 08/19/2017		CALIFORNIA FORM 460 Page 11 of 35
I.D. NUMBER 741906		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Diego County Democratic Party

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PrimePay Portland, OR 97219	SAL			\$3,402.32
PrimePay Portland, OR 97219	SAL			\$132.55
PrimePay Portland, OR 97219	SAL			\$1,552.08

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$39,759.23
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$39,759.23

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through 08/19/2017		Page 12 of 35
NAME OF FILER San Diego County Democratic Party		I.D. NUMBER 741906

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Diego County Democratic Party

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ActBlue Technical Services Cambridge, MA 02138	OFC			\$6.92
ActBlue Technical Services Cambridge, MA 02138	OFC			\$13.24
ActBlue Technical Services Cambridge, MA 02138	OFC			\$10.68
San Diego County Democratic Party - Federal Sacramento, CA 95815			Transfer of Nonfederal Share of Allocable Expenses	\$16,249.98
PrimePay Portland, OR 97219	SAL			\$3,326.82

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 08/19/2017		Page 13 of 35
NAME OF FILER San Diego County Democratic Party		I.D. NUMBER 741906

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Diego County Democratic Party

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PrimePay Portland, OR 97219	SAL			\$1,491.89
PrimePay Portland, OR 97219	SAL			\$3,502.38
PrimePay Portland, OR 97219	SAL			\$1,502.47
PrimePay Portland, OR 97219	SAL			\$137.86
ActBlue Technical Services Cambridge, MA 02138	OFC			\$1.98

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through 08/19/2017		Page 14 of 35
NAME OF FILER San Diego County Democratic Party		I.D. NUMBER 741906

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San Diego County Democratic Party

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Nisa Marks San Diego, CA 92120	SAL			\$602.53
PrimePay Portland, OR 97219	SAL			\$4,308.58
PrimePay Portland, OR 97219	SAL			\$2,176.28
Jehoan Espinoza National City, CA 91950	SAL			\$589.81
Nicholas D. Zinter San Diego, CA 92116	SAL			\$750.86

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$39,759.23

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 07/01/2017
through 08/19/2017

CALIFORNIA
FORM 460

Page 15 of 35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Diego County Democratic Party

I.D. NUMBER
741906

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** _____
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** _____
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** _____
May be a negative number.

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	08/19/2017	Page 16 of 35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Diego County Democratic Party

I.D. NUMBER
741906

NAME OF AGENT OR INDEPENDENT CONTRACTOR
PrimePay

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Andrea Duran Aydogan Chula Vista, CA 91913	SAL			\$1,167.46
United States Treasury Washington, DC 20220	SAL			\$1,820.06
Andrea Duran Aydogan Chula Vista, CA 91913	SAL			\$1,267.52
Andrea Duran Aydogan Chula Vista, CA 91913	SAL			\$1,233.07

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$5488.11

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 07/01/2017
through 08/19/2017

CALIFORNIA
FORM **460**

Page 17 of 35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Diego County Democratic Party

I.D. NUMBER
741906

NAME OF AGENT OR INDEPENDENT CONTRACTOR
PrimePay

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Employment Development Services (EDD) Sacramento, CA 95820	SAL			\$309.83
Employment Development Services (EDD) Sacramento, CA 95820	SAL			\$281.77
Employment Development Services (EDD) Sacramento, CA 95820	SAL			\$227.74
Employment Development Services (EDD) Sacramento, CA 95820	SAL			\$356.22

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1175.56

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	08/19/2017	Page 18 of 35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Diego County Democratic Party

I.D. NUMBER
741906

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PrimePay

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ryan P. Hurd San Diego, CA 92116	SAL			\$2,234.86
Ryan P. Hurd San Diego, CA 92116	SAL			\$2,234.86
Ryan P. Hurd San Diego, CA 92116	SAL			\$2,234.86
Ryan P. Hurd San Diego, CA 92116	SAL			\$2,234.86

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$8939.44

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
from 07/01/2017
through 08/19/2017

CALIFORNIA
FORM **460**

Page 19 of 35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Diego County Democratic Party

I.D. NUMBER
741906

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PrimePay

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Nisa Marks San Diego, CA 92120	SAL			\$840.65
United States Treasury Washington, DC 20220	SAL			\$1,242.25
United States Treasury Washington, DC 20220	SAL			\$1,210.12
United States Treasury Washington, DC 20220	SAL			\$1,274.73

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$4567.75

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	08/19/2017	Page 20 of 35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Diego County Democratic Party

I.D. NUMBER
741906

NAME OF AGENT OR INDEPENDENT CONTRACTOR
PrimePay

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Andrea Duran Aydogan Chula Vista, CA 91913	SAL			\$1,091.96

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1091.96

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	08/19/2017	Page 21 of 35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Diego County Democratic Party

I.D. NUMBER
741906

NAME OF AGENT OR INDEPENDENT CONTRACTOR
San Diego County Democratic Party - Federal

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
8304 Clairemont Mesa Blvd., LLC San Diego, CA 92111	OFC			\$1,481.25
8304 Clairemont Mesa Blvd., LLC San Diego, CA 92111	OFC			\$1,493.10
ActBlue Technical Services Cambridge, MA 02138	OFC			\$0.32
ActBlue Technical Services Cambridge, MA 02138	OFC			\$0.63

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2975.30

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	08/19/2017	Page 22 of 35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Diego County Democratic Party

I.D. NUMBER
741906

NAME OF AGENT OR INDEPENDENT CONTRACTOR
San Diego County Democratic Party - Federal

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ActBlue Technical Services Cambridge, MA 02138	OFC			\$0.47
ActBlue Technical Services Cambridge, MA 02138	OFC			\$1.10
ActBlue Technical Services Cambridge, MA 02138	OFC			\$324.44
Allen's Flowers & Plants San Diego, CA 92101	OFC			\$68.94

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$394.95

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	08/19/2017	Page 23 of 35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Diego County Democratic Party

I.D. NUMBER
741906

NAME OF AGENT OR INDEPENDENT CONTRACTOR
San Diego County Democratic Party - Federal

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CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Amazon Business Seattle, WA 98109	OFC			\$19.58
Amazon Business Seattle, WA 98109	OFC			\$20.49
Amazon Business Seattle, WA 98109	OFC			\$31.44
Amazon Business Seattle, WA 98109	OFC			\$15.92

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$87.43

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	08/19/2017	Page 24 of 35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Diego County Democratic Party

I.D. NUMBER
741906

NAME OF AGENT OR INDEPENDENT CONTRACTOR
San Diego County Democratic Party - Federal

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Amazon Business Seattle, WA 98109	OFC			\$29.19
Amazon Business Seattle, WA 98109	OFC			\$108.06
Andrea Duran Aydogan Chula Vista, CA 91913	OFC			\$70.07
Bangkok West Thai Cafe San Diego, CA 92123	OFC			\$35.66

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$242.98

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	08/19/2017	Page 25 of 35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Diego County Democratic Party

I.D. NUMBER
741906

NAME OF AGENT OR INDEPENDENT CONTRACTOR
San Diego County Democratic Party - Federal

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Blue Shield of California San Francisco, CA 94105	OFC			\$272.82
Jose Caballero San Diego, CA 92116	OFC			\$32.33
Complete Campaigns/Aristotle San Diego, CA 92123	OFC			\$136.67
Deane & Company Sacramento, CA 95815	PRO			\$1,950.98

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2392.80

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Schedule G

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Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	08/19/2017	Page 26 of 35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Diego County Democratic Party

I.D. NUMBER
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Deane & Company Sacramento, CA 95815	PRO			\$967.63
Encinitas Parking Encinitas, CA 92024	TRS			\$454.25
Jehoan Espinoza National City, CA 91950	OFC			\$136.40
Esquire Grill Sacramento, CA 95814	OFC			\$23.19

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1581.47

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	08/19/2017	Page 27 of 35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Diego County Democratic Party

I.D. NUMBER
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NAME OF AGENT OR INDEPENDENT CONTRACTOR
San Diego County Democratic Party - Federal

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Esquire Grill Sacramento, CA 95814	OFC			\$221.72
Francine Busby dba Winning Edge Fundraising Cardiff By The Sea, CA 92007	FND			\$94.80
Joy Frew Fallbrook, CA 92028	OFC			\$120.22
GoDaddy Scottsdale, AZ 85260	OFC			\$31.87

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$468.61

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	08/19/2017	Page 28 of 35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
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I.D. NUMBER
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GoDaddy Scottsdale, AZ 85260	OFC			\$31.87
Jessica H. Hayes Chula Vista, CA 91915	OFC			\$8.79
Jessica H. Hayes Chula Vista, CA 91915	TRS			\$39.50
Jessica H. Hayes Chula Vista, CA 91915	TRS			\$413.41

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TOTAL* \$493.57

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Schedule G

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	08/19/2017	Page 29 of 35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Diego County Democratic Party

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Konica Minolta Business Solutions U.S.A., Inc. Ramsey, NJ 07446	OFC			\$23.12
Konica Minolta Business Solutions U.S.A., Inc. Ramsey, NJ 07446	OFC			\$12.79
Nisa Marks San Diego, CA 92120	OFC			\$75.93
Nisa Marks San Diego, CA 92120	OFC			\$161.52

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TOTAL* \$273.36

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Schedule G

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	08/19/2017	Page 30 of 35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Nisa Marks San Diego, CA 92120	TRS			\$113.44
Nisa Marks San Diego, CA 92120	TRS			\$79.24
Amanda B. Mascia Oceanside, CA 92056	OFC			\$1,061.76
Amanda B. Mascia Oceanside, CA 92056	OFC			\$912.45

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TOTAL* \$2166.89

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Schedule G

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	08/19/2017	Page 31 of 35

SEE INSTRUCTIONS ON REVERSE

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Microsoft Redmond, WA 98052	OFC			\$7.90
Microsoft Redmond, WA 98052	OFC			\$15.80
Microsoft Redmond, WA 98052	OFC			\$29.63
NGP VAN, Inc. Washington, DC 20005	OFC			\$276.50

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TOTAL* \$329.83

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Schedule G

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Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	08/19/2017	Page 32 of 35

SEE INSTRUCTIONS ON REVERSE

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NGP VAN, Inc. Washington, DC 20005	OFC			\$76.49
NGP VAN, Inc. Washington, DC 20005	OFC			\$161.03
NGP VAN, Inc. Washington, DC 20005	OFC			\$555.05
Ready Refresh Louisville, KY 40285	OFC			\$78.04

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TOTAL* \$870.61

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Schedule G

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Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	08/19/2017	Page 33 of 35

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Rose Kapoleczynski Constulting, Inc. Los Angeles, CA 90041	OFC			\$2,962.50
Sheraton Grand Sacramento Sacramento, CA 95814	TRS			\$527.12
Time Clock New York, NY 10013	OFC			\$18.93
Union Bank San Diego, CA 92104	OFC			\$23.70

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TOTAL* \$3532.25

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
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SCHEDULE H

Statement covers period from <u>07/01/2017</u> through <u>08/19/2017</u>	CALIFORNIA FORM 460
	Page <u>34</u> of 35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Diego County Democratic Party

I.D. NUMBER
741906

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET _____
(May be a negative number)

** If Required

Schedule I Miscellaneous Increases to Cash

Type or print in ink.
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SCHEDULE I

Statement covers period

from 07/01/2017

through 08/19/2017

CALIFORNIA
FORM **460**

Page 35 of 35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Diego County Democratic Party

I.D. NUMBER
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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$00

Schedule I Summary

- Increases to cash of \$100 or more this period..... \$00
- Unitemized increases to cash under \$100 this period..... \$00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$00

FPPC Form 460 (June/01)
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